

DRAFT



MR. CHRISTOPHER JOHNSON
ASSOCIATED STUDENTS OF CSULA
5154 STATE UNIVERSITY DR, USU NO. 203
LOS ANGELES, CA 90032

DEAR CHRISTOPHER,

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2018 FORM 990

2018 CALIFORNIA FORM 199

2018 CALIFORNIA FORM RRF-1

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A FEDERAL OR STATE TAXING AUTHORITY EXAMINE YOUR RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

LISA M. CUMMINGS, CPA
SENIOR MANAGER

DRAFT

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

MR. CHRISTOPHER JOHNSON
ASSOCIATED STUDENTS OF CSULA
5154 STATE UNIVERSITY DR, USU NO. 203
LOS ANGELES, CA 90032

PREPARED BY:

COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2020

PLEASE ENSURE YOU HAVE MET ALL YOUR FILING REQUIREMENTS FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTION OR INFORMATION. FAILURE TO FILE FOREIGN INFORMATIONAL FORMS WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE CONTACT US IF YOU BELIEVE YOU HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT THAT NEED TO BE ADDRESSED.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5154 STATE UNIVERSITY DR, USU 203 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90032 F Name and address of principal officer: CHRISTOPHER JOHNSON SAME AS C ABOVE	D Employer identification number 95-2044300 E Telephone number 323-343-4780 G Gross receipts \$ 1,469,913. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ASICSULA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1959		M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: BUILDING AN ACTIVE CAMPUS COMMUNITY WITH VISIBLE REPRESENTATION AND A QUALITY EDUCATIONAL		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	19
	6	Total number of volunteers (estimate if necessary)	6	1
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	8
9		Program service revenue (Part VIII, line 2g)	9	1,454,881.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	20,945.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	22,888.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	1,498,714.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	729,827.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	868,658.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,709,961.
	19	Revenue less expenses. Subtract line 18 from line 12	19	-211,247.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20	1,821,264.
	21	Total liabilities (Part X, line 26)	21	395,245.
	22	Net assets or fund balances. Subtract line 21 from line 20	22	1,426,019.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHRISTOPHER JOHNSON, DIR OF NEW STUDENT/PARENT PROGRAMS Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name LISA M. CUMMINGS, CPA	Preparer's signature LISA M. CUMMINGS, CP	Date 01/28/20	Check <input type="checkbox"/> if self-employed PTIN P00043433
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099		
	Firm's address ▶ 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814			Phone no. 916-442-9100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
THE PURPOSE OF ASSOCIATED STUDENTS, INC. IS TO PROVIDE AND PROMOTE OPPORTUNITIES FOR STUDENT PARTICIPATION IN CAMPUS GOVERNANCE; PROVIDE AN OFFICIAL VOICE THROUGH WHICH STUDENT OPINION MAY BE EXPRESSED; TO PROVIDE AN OPPORTUNITY FOR STUDENTS TO GAIN EXPERIENCE AND TRAINING IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 492,681. including grants of \$ 105,957.) (Revenue \$ 740,486.)
STUDENT GOVERNMENT AND ELECTIONS ARE DESIGNED TO ENHANCE COLLEGIATE EXPERIENCE THROUGH PARTICIPATION IN CAMPUS GOVERNANCE. ELECTIONS ARE AIMED TO ENCOURAGE CAMPUS WIDE PARTICIPATION OF APPROXIMATELY 27,000 STUDENTS WHO ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES.

4b (Code:) (Expenses \$ 182,448. including grants of \$) (Revenue \$ 182,936.)
COMMUNITY SERVICES SUPPORT AND ENCOURAGE PARTICIPATION WITHIN THE COMMUNITY THROUGH VARIOUS ACTIVITIES AND INVOLVEMENT.

4c (Code:) (Expenses \$ 430,300. including grants of \$ 750.) (Revenue \$ 492,681.)
OTHER STUDENT SERVICES TO SUPPORT APPROXIMATELY 27,000 STUDENTS WHO ATTENDED CALIFORNIA STATE UNIVERSITY, LOS ANGELES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,105,429.**

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational status, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	1		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13			X
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
THE ORGANIZATION - 323-343-3571
5151 STATE UNIVERSITY DRIVE, ADM 514, LOS ANGELES, CA 90032

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AARON CASTANEDA VP FOR FINANCE	5.00	X		X				0.	0.	0.
(2) ALYSIN GREEN STUDENT REPRESENTATIVE (OUTGOING)	5.00	X						0.	0.	0.
(3) CHRISTOPHER KOO STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(4) DAVID SAN SECRETARY/TREASURER	5.00	X		X				0.	0.	0.
(5) DAVONA WATSON STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(6) EDGAR CHAVEZ STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(7) FRITZA PLASCENCIA STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(8) JACOB AMAYA STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(9) JACQUELYN ACOSTA VP FOR ACADEMIC GOVERNANCE	5.00	X		X				0.	0.	0.
(10) JENNIFER MARTELL SECRETARY/TREASURER (OUTGOING)	5.00	X		X				0.	0.	0.
(11) JESUS MORA VP FOR ADMIN (OUTGOING)	5.00	X		X				0.	0.	0.
(12) JOCELYN VARGAS STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(13) JORGE SALAZAR STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(14) JOSE ABARCA STUDENT REPRESENTATIVE (OUTGOING)	5.00	X						0.	0.	0.
(15) KRystal RUBIO STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(16) MATTHEW KEELS VP FOR ADMINISTRATION	5.00	X		X				0.	0.	0.
(17) NATALY AVILES-RIVAS STUDENT REPRESENTATIVE (OUTGOING)	5.00	X						0.	0.	0.

**ASSOCIATED STUDENTS OF CALIFORNIA
STATE UNIVERSITY, LOS ANGELES, INC.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NIA JOHNSON PRESIDENT	5.00	X		X				0.	0.	0.
(19) PANDIAN RAJARAM STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(20) RASHAD FREEMAN STUDENT REPRESENTATIVE (OUTGOING)	5.00	X						0.	0.	0.
(21) RAUL RODRIGUEZ STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(22) RAYMOND PETERS STUDENT REPRESENTATIVE (OUTGOING)	5.00	X						0.	0.	0.
(23) SELENE CASTILLO STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(24) SMITKUMAR PATEL STUDENT REPRESENTATIVE	5.00	X						0.	0.	0.
(25) THU-LAN 'LILY' NGUYEN VICE CHAIR FOR FINANCE	5.00	X						0.	0.	0.
(26) VERONICA GARCIA-MARTINEZ VP FOR EXTERNAL AFFAIRS & ADVANCEMEN	5.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								182,358.	0.	15,439.
d Total (add lines 1b and 1c)								182,358.	0.	15,439.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

ASSOCIATED STUDENTS OF CALIFORNIA
STATE UNIVERSITY, LOS ANGELES, INC.

Form 990

95-2044300

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) INTEF WESER EXECUTIVE DIRECTOR (OUTGOING)	40.00			X				117,180.	0.	12,329.
(28) MARCUS RODRIGUEZ INTERIM EXECUTIVE DIRECTOR	40.00			X				65,178.	0.	3,110.
Total to Part VII, Section A, line 1c								182,358.		15,439.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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**ASSOCIATED STUDENTS OF CALIFORNIA
 STATE UNIVERSITY, LOS ANGELES, INC.**

Form 990 (2018)

95-2044300 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	106,707.	106,707.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	146,681.	110,617.	36,064.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	195,596.	147,506.	48,090.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	104,810.	79,041.	25,769.	
10 Payroll taxes	25,065.	18,902.	6,163.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,725.	1,711.	1,014.	
c Accounting	77,391.	48,605.	28,786.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	22,027.	14,640.	7,387.	
12 Advertising and promotion	64,212.	64,212.		
13 Office expenses	8,020.	7,014.	1,006.	
14 Information technology				
15 Royalties				
16 Occupancy	22,453.	14,418.	8,035.	
17 Travel	32,428.	31,458.	970.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,465.	11,909.	6,556.	
23 Insurance	4,856.	3,118.	1,738.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	409,714.	409,714.		
b OTHER EXPENSES	33,796.	29,556.	4,240.	
c EQUIP RENTAL & MAINT	8,039.	6,301.	1,738.	
d ADMIN EXPENSES	1,899.		1,899.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,284,884.	1,105,429.	179,455.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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ASSOCIATED STUDENTS OF CALIFORNIA
STATE UNIVERSITY, LOS ANGELES, INC.

Form 990 (2018)

95-2044300 Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	418,817.	1	913,513.	
	2 Savings and temporary cash investments	1,239,227.	2	1,019,595.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	97,056.	4	19,994.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	39,386.	9	41,199.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	230,987.			
	b Less: accumulated depreciation	215,545.	10c	15,442.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,821,264.	16	2,009,743.		
Liabilities	17 Accounts payable and accrued expenses	71,816.	17	56,455.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	323,429.	25	79,410.	
	26 Total liabilities. Add lines 17 through 25	395,245.	26	135,865.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,426,019.	27	1,873,878.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,426,019.	33	1,873,878.		
34 Total liabilities and net assets/fund balances	1,821,264.	34	2,009,743.		

Form **990** (2018)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,469,913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,284,884.
3	Revenue less expenses. Subtract line 2 from line 1	3	185,029.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,426,019.
5	Net unrealized gains (losses) on investments	5	4,068.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	258,762.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,873,878.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Employer identification number 95-2044300

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

ASSOCIATED STUDENTS OF CALIFORNIA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10% -facts-and-circumstances test - 2018; b 10% -facts-and-circumstances test - 2017; 18 Private foundation.

ASSOCIATED STUDENTS OF CALIFORNIA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1283495.	1386955.	1453671.	1454881.	1416103.	6995105.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1283495.	1386955.	1453671.	1454881.	1416103.	6995105.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						6995105.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	1283495.	1386955.	1453671.	1454881.	1416103.	6995105.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,193.	8,694.	15,240.	20,945.	34,268.	83,340.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,193.	8,694.	15,240.	20,945.	34,268.	83,340.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,433.	22,079.	21,028.	22,888.	19,542.	111,970.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1314121.	1417728.	1489939.	1498714.	1469913.	7190415.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	97.28 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	97.85 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1.16 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.73 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 [] Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Table with 3 columns: Section A - Adjusted Net Income, (A) Prior Year, (B) Current Year (optional). Rows include Net short-term capital gain, Recoveries of prior-year distributions, Other gross income, Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).

Table with 3 columns: Section B - Minimum Asset Amount, (A) Prior Year, (B) Current Year (optional). Rows include Aggregate fair market value of all non-exempt-use assets, Acquisition indebtedness applicable to non-exempt-use assets, Minimum Asset Amount (add line 7 to line 6).

Table with 3 columns: Section C - Distributable Amount, (A) Prior Year, (B) Current Year. Rows include Adjusted net income for prior year, Enter 85% of line 1, Minimum asset amount for prior year, Distributable Amount (subtract line 5 from line 4, unless subject to emergency temporary reduction).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2018, and (iii) Distributable Amount for 2018. Rows 1-20.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2014 AMOUNT: \$ 26,433.

2015 AMOUNT: \$ 22,079.

2016 AMOUNT: \$ 21,028.

2017 AMOUNT: \$ 22,888.

2018 AMOUNT: \$ 19,542.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018 Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Employer identification number 95-2044300

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 3 columns: Question, Yes, No. Rows: 3a(i), 3a(ii), 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NET POST-RETIREMENT BENEFIT	
(3) OBLIGATION	52,147.
(4) DUE TO AFFILIATES	27,263.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	79,410.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,546,103.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,068.	
b	Donated services and use of facilities	2b	72,122.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		76,190.
3	Subtract line 2e from line 1	3		1,469,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,469,913.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,098,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	72,122.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-258,762.	
e	Add lines 2a through 2d	2e		-186,640.
3	Subtract line 2e from line 1	3		1,284,884.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,284,884.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ASSOCIATED STUDENTS IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE TAXATION CODE OF CALIFORNIA. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ASSOCIATED STUDENTS HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2019 AND 2018. ASSOCIATED STUDENTS' FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO 2016 AND 2015, RESPECTIVELY, ARE CLOSED, AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

Part XIII Supplemental Information (continued)

IF APPLICABLE, ASSOCIATED STUDENTS RECOGNIZES INTEREST AND PENALTIES
ASSOCIATED WITH TAX MATTERS AS PART OF INCOME TAX EXPENSE AND INCLUDES
ACCRUED INTEREST AND PENALTIES WITH ACCOUNTS PAYABLE AND ACCRUED EXPENSES
IN THE STATEMENTS OF FINANCIAL POSITION.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION

COSTS/BENEFIT -258,762.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Employer identification number 95-2044300

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

ASSOCIATED STUDENTS OF CALIFORNIA
STATE UNIVERSITY, LOS ANGELES, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT GRANT-IN-AID	50	105,957.	0.		
STUDENT SCHOLARSHIPS	4	750.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION PERIODICALLY MONITORS ELIGIBILITY AND USE OF STUDENT GRANT AID AND SCHOLARSHIP RECIPIENTS.

PART III, COL B:

THE ORGANIZATION IS REPORTING THE ACTUAL NUMBER OF RECIPIENTS.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. Employer identification number 95-2044300

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(C) AMOUNT OF GRANT \$ 100,061.

(D) TYPE OF ASSISTANCE: GRANT-IN-AID

(E) PURPOSE OF ASSISTANCE: TO ASSIST STUDENTS IN DEFRAYING EDUCATION

RELATED EXPENSES

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ASSOCIATED STUDENTS OF CALIFORNIA
STATE UNIVERSITY, LOS ANGELES, INC.

Employer identification number
95-2044300

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONSIBLE CIVIC PARTICIPATION AND COMMUNITY LEADERSHIP; TO ADVOCATE
FOR THE RIGHTS AND INTERESTS OF STUDENTS; AND TO SUPPORT THE
EDUCATIONAL, SOCIAL, PHYSICAL AND CULTURAL WELLBEING OF THE UNIVERSITY
COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER FORM 990 HAS BEEN PREPARED BY AN OUTSIDE ACCOUNTING FIRM, ALL TAX
DOCUMENTS FILED BY ASI ARE REVIEWED BY THE BUSINESS FINANCIAL SERVICES AND
THEN FORWARDED TO THE EXECUTIVE DIRECTOR OF ASI FOR REVIEW AND COMMENTS.
UPON APPROVAL, THE RETURN IS FINALIZED. BEFORE THE RETURN IS FILED, A COPY
OF THE RETURN IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR
REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS SIGN A STATEMENT OF CONFLICT OF INTEREST ANNUALLY. ALSO,
EACH EMPLOYEE UPON BEING HIRED IS REQUIRED TO FILL OUT A CONFLICT OF
INTEREST FORM. EACH BRANCH OF ASI IS REQUIRED TO FILL OUT A CONFLICT OF
INTEREST FORM UPON BEING ELECTED OR APPOINTED TO OFFICE. UPON THE
IDENTIFICATION OF ANY CONFLICTS, THE BOARD OF DIRECTORS WILL DETERMINE THE
MOST APPROPRIATE COURSE OF ACTION. DURING ANY DISCUSSION, THE CONFLICTED
PARTY WILL NOT BE PRESENT AT THE MEETING.

Name of the organization ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.	Employer identification number 95-2044300
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FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A PERSONNEL COMMITTEE AND CAMPUS HUMAN RESOURCES. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION IN A CLOSED DOOR MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS WILL BE PLACED ON THE ASI WEBSITE AFTER CAREFUL REVIEW AND APPROVAL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHANGES OTHER THAN PERIODIC PENSION COST /	
BENEFIT	258,762.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A SEPARATE COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT PERFORMED BY AN INDEPENDENT AUDITOR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.** Employer identification number **95-2044300**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE UNIVERSITY, LOS ANGELES - 95-4386558, 5154 STATE UNIVERSITY DR. U-SU 203, LOS ANGELES, CA 90032	PUBLIC UNIVERSITY	CALIFORNIA	115	N/A	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

ASSOCIATED STUDENTS OF CALIFORNIA
STATE UNIVERSITY, LOS ANGELES, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s)

Table with 3 columns: Yes, No, and a third column for 'X' marks. Rows correspond to items 1a through 1s.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows 1-6.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Form with fields for Name of exempt organization (ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC.), Employer identification number (EIN) (95-2044300), Number, street, and room or suite no. (5154 STATE UNIVERSITY DR, USU, NO. 203), and City, town or post office, state, and ZIP code (LOS ANGELES, CA 90032).

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

THE ORGANIZATION - 5151 STATE UNIVERSITY DRIVE, ADM 514

- The books are in the care of - LOS ANGELES, CA 90032. Telephone No. 323-343-3571. Fax No. If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

1 I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: [] calendar year or [X] tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period

Table with 3 columns: Description, 3a, 3b, 3c. Rows include: 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

DRAFT

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

MR. CHRISTOPHER JOHNSON
ASSOCIATED STUDENTS OF CSULA
5154 STATE UNIVERSITY DR, USU NO. 203
LOS ANGELES, CA 90032

PREPARED BY:

COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	373
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	373

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

FRANCHISE TAX BOARD

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE MAY 15, 2020.

DRAFT

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$373, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

DRAFT

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

MR. CHRISTOPHER JOHNSON
ASSOCIATED STUDENTS OF CSULA
5154 STATE UNIVERSITY DR, USU NO. 203
LOS ANGELES, CA 90032

PREPARED BY:

COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

AMOUNT OF TAX:

BALANCE DUE OF \$150

MAKE CHECK PAYABLE TO:

ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS

MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

TAXABLE YEAR
2018

California Exempt Organization
Annual Information Return

828941 12-12-18
FORM

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018, and ending (mm/dd/yyyy) 06/30/2019

Corporation/Organization name ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. California corporation number 0377818

Additional information. See instructions. FEIN 95-2044300

Street address (suite or room) 5154 STATE UNIVERSITY DR, USU, NO. 203 PMB no.

City LOS ANGELES State CA ZIP code 90032

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending? Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-17).

Sign Here: Signature of officer, Title (DIR OF NEW STU), Date, Telephone.
Paid Preparer's Use Only: Preparer's signature (LISA M. CUMMINGS, CPA), Date (01/28/20), Check if self-employed, Firm's name (COHNREZNICK LLP), Firm's FEIN (22-1478099), Firm's Telephone (916-442-9100).

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	34,268	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7	1,435,645	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,469,913	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	106,707	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	146,681	00
	12	Other salaries and wages	•	12	195,596	00
	13	Interest	•	13		00
	14	Taxes	•	14	25,065	00
	15	Rents	•	15	22,453	00
	16	Depreciation and depletion (See instructions)	•	16	18,465	00
	17	Other Expenses and Disbursements	•	17	769,917	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,284,884	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,658,044		1,933,108
2 Net accounts receivable		97,056		19,994
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	224,004		230,987	
b Less accumulated depreciation	(197,226)	26,778	(215,545)	15,442
11 Land				
12 Other assets		39,386		41,199
13 Total assets		1,821,264		2,009,743
Liabilities and net worth				
14 Accounts payable		71,816		56,455
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities		323,429		79,410
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,426,019		1,873,878
22 Total liabilities and net worth		1,821,264		2,009,743

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	185,029	7	Income recorded on books this year not included in this return	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year	•		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return	•			Subtract line 9 from line 6		185,029
6	Total. Add line 1 through line 5		185,029				

CA 199

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

MISCELLANEOUS REVENUE	19,542.
STUDENT GOVERNMENT	740,486.
STUDENT SERVICES	492,681.
COMMUNITY SVC. SUPPORT	182,936.
TOTAL TO FORM 199, PART II, LINE 7	1,435,645.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 2

ACTIVITY CLASSIFICATION: STUDENT GRANT-IN-AID

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STUDENT GRANT-IN-AID	5154 STATE UNIVERSITY DR. USU 203 - LOS ANGELES, CA 90032	STUDENTS	105,957.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SCHOLARSHIPS	5154 STATE UNIVERSITY DR. USU 203 - LOS ANGELES, CA 90032	STUDENTS	750.

TOTAL FOR THIS ACTIVITY 106,707.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 106,707.

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
AARON CASTANEDA 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VP FOR FINANCE 5.00	0.
ALYSIN GREEN 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE (OU 5.00	0.
CHRISTOPHER KOO 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
DAVID SAN 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	SECRETARY/TREASURER 5.00	0.
DAVONA WATSON 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
EDGAR CHAVEZ 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
FRITZA PLASCENCIA 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
JACOB AMAYA 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
JACQUELYN ACOSTA 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VP FOR ACADEMIC GOVERNANCE 5.00	0.

JENNIFER MARTELL 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	SECRETARY/TREASURER (OUTGO 5.00	0.
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JESUS MORA 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VP FOR ADMIN (OUTGOING) 5.00	0.
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JOCELYN VARGAS 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
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JORGE SALAZAR 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
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JOSE ABARCA 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE (OU 5.00	0.
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KRYSTAL RUBIO 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
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MATTHEW KEELS 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VP FOR ADMINISTRATION 5.00	0.
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NATALY AVILES-RIVAS 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE (OU 5.00	0.
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NIA JOHNSON 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	PRESIDENT 5.00	0.
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PANDIAN RAJARAM 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
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RASHAD FREEMAN 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE (OU 5.00	0.
RAUL RODRIGUEZ 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
RAYMOND PETERS 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE (OU 5.00	0.
SELENE CASTILLO 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
SMITKUMAR PATEL 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	STUDENT REPRESENTATIVE 5.00	0.
THU-LAN 'LILY' NGUYEN 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VICE CHAIR FOR FINANCE 5.00	0.
VERONICA GARCIA-MARTINEZ 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	VP FOR EXTERNAL AFFAIRS & 5.00	0.
INTEF WESER 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	EXECUTIVE DIRECTOR (OUTGOI 40.00	83,056.
MARCUS RODRIGUEZ 5154 STATE UNIVERSITY DR, USU, NO. 203 LOS ANGELES, CA 90032	INTERIM EXECUTIVE DIRECTOR 40.00	63,625.

TOTAL TO FORM 199, PART II, LINE 11

146,681.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
PROGRAM EXPENSES		409,714.
OTHER EXPENSES		33,796.
EQUIP RENTAL & MAINT		8,039.
ADMIN EXPENSES		1,899.
OTHER EMPLOYEE BENEFITS		104,810.
LEGAL FEES		2,725.
ACCOUNTING FEES		77,391.
OTHER PROFESSIONAL FEES		22,027.
ADVERTISING AND PROMOTION		64,212.
OFFICE EXPENSES		8,020.
TRAVEL		32,428.
INSURANCE		4,856.
TOTAL TO FORM 199, PART II, LINE 17		769,917.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	39,386.	41,199.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	39,386.	41,199.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET POST-RETIREMENT BENEFIT OBLIGATION	263,344.	52,147.
DUE TO AFFILIATES	60,085.	27,263.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	323,429.	79,410.

CA 199	FUND BALANCES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	1,426,019.	1,873,878.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,426,019.	1,873,878.



Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER. If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year. S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year. Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

839035 12-12-18

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR 2018 Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM 3586 (e-file)

0377818 ASSO 95-2044300 000000000000 18 FORM 3 TYB 07-01-2018 TYE 06-30-2019 ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY LOS ANGELES INC

5154 STATE UNIVERSITY DR USU NO 203 LOS ANGELES CA 90032

(323) 343-4780

Amount of Payment 373.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 10308 ASSOCIATED STUDENTS OF CALIFORNIA STATE UNIVERSITY, LOS ANGELES, INC. <small>Name of Organization</small> 5154 STATE UNIVERSITY DR, USU, NO. 203 <small>Address (Number and Street)</small> LOS ANGELES, CA 90032 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0377818</u> Federal Employer I.D. No. <u>95-2044300</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019) list:
 Gross annual revenue \$ 1,469,913 Total assets \$ 2,009,743

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 323-343-4780

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

CHRISTOPHER JOHNSON <small>Signature of authorized officer</small>	DIR OF NEW STUDENT/PARENT <small>Printed Name</small>	_____ <small>Date</small>
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